

| SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM  |                  |                          |                |
|--|------------------|--------------------------|----------------|
| <input type="checkbox"/>   | UNCLASSIFIED     | <input type="checkbox"/> | CONFIDENTIAL   |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | SECRET         |
| <b>CENTRAL INTELLIGENCE AGENCY<br/>OFFICIAL ROUTING SLIP</b>   |                  |                          |                |
| TO   | NAME AND ADDRESS | DATE                     | INITIALS       |
| 1  | OGC              |                          |                |
| 2  | 7 D 07           |                          |                |
| 3  |                  |                          |                |
| 4  |                  |                          |                |
| 5  |                  |                          |                |
| 6  |                  |                          |                |
| <input type="checkbox"/>   | ACTION           | <input type="checkbox"/> | DIRECT REPLY   |
| <input type="checkbox"/>   | APPROVAL         | <input type="checkbox"/> | DISPATCH       |
| <input type="checkbox"/>   | COMMENT          | <input type="checkbox"/> | FILE           |
| <input type="checkbox"/>   | CONCURRENCE      | <input type="checkbox"/> | INFORMATION    |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | PREPARE REPLY  |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | RECOMMENDATION |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | RETURN         |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | SIGNATURE      |
| <b>Remarks:</b><br><br>MATERIAL FOR 3:30 Meeting<br>11/29 - Room 5 D 03.<br><br><div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"></div> |                  |                          |                |
| <b>FOLD HERE TO RETURN TO SENDER</b>   |                  |                          |                |
| FROM: NAME, ADDRESS AND PHONE NO.  |                  |                          | DATE           |
| <div style="border: 1px solid black; width: 100%; height: 30px;"></div>  |                  |                          | 11/29          |
| <input type="checkbox"/>   | UNCLASSIFIED     | <input type="checkbox"/> | CONFIDENTIAL   |
| <input type="checkbox"/>   |                  | <input type="checkbox"/> | SECRET         |

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